

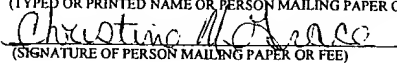


AMENDMENT TRANSMITTAL LETTER		CLIENT-MATTER NO.: 66661-025 (P-IS 4548)	
SERIAL NO: 09/898,743	FILING DATE: July 3, 2001	EXAMINER: S. Chunduru	GROUP ART UNIT: 1637 CONFIRMATION NO.: 3666
INVENTION: METHODS FOR DETECTION AND QUANTIFICATION OF ANALYTES IN COMPLEX MIXTURES			

TO: MAIL STOP AF
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

"EXPRESS MAIL" MAILING LABEL NUMBER: EV 401710943 US
DATE OF DEPOSIT: November 3, 2003
I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING
DEPOSITED WITH THE UNITED STATES POSTAL SERVICE
"EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER
37 C.F.R. 1.10 ON THE DATE INDICATED ABOVE, AND IS
ADDRESSED TO MAIL STOP AF, COMMISSIONER FOR PATENTS, P.O.
BOX 1450, ALEXANDRIA, VA 22313-1450.

CHRISTINE M. GRACE
(TYPED OR PRINTED NAME OF PERSON MAILING PAPER OR FEE)

(SIGNATURE OF PERSON MAILING PAPER OR FEE)

Transmitted herewith is a Response to the Office Action mailed July 1, 2003, in the above-identified application.

- ☒ Small Entity status of this application has been established under 37 CFR 1.27.
- ☒ Petition for One-Month Extension of Time is enclosed (in duplicate).
- ☐ Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- ☒ No additional claims fee is required.
- ☐ An additional claims fee is required and has been calculated as shown below:

RECEIVED
NOV 07 2003
TECH CENTER 1600/2900

CLAIMS AS AMENDED

	NUMBER AFTER AMEND- MENT	HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
						SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	22	- 84	-	0	x	\$9	\$18	=	\$0.00	\$
INDEPEN- DENT CLAIMS	3	- 10	-	0	x	\$42	\$84	=	\$0.00	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO		\$140	\$280	=	\$0.00	\$
						TOTAL ADDITIONAL FEE			\$0.00	\$

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

- ☒ Please charge my Deposit Account No. 502624 the amount of \$55.00 which covers the fee for a one-month extension of time. A duplicate copy of this sheet is enclosed.